

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 114 406

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 366

Local Registrar's No. _____

(No. _____) St. _____ Ward _____

FULL NAME OF CHILD Chas. Ellis Hanson Jr. } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child M. Twin, Triplet or other _____ } and { Number in order of birth 1st Legiti- mate? Yes Date of Birth Nov. 22 1914
 (Month) (Day) (Yr.)

Full Name Charles E. Hanson FATHER

Full Maiden Name Nettie Ellis MOTHER

Residence Globe

Residence Globe

Color or Race M. Age at last Birthday 33 (Years)

Color or Race M. Age at last Birthday 27 (Years)

Birthplace Texas

Birthplace Mass.

Occupation Millman

Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov. 22 1914, at 6:55 A. M.
 { *When there is no attending physi- }
 { cian or midwife, then the householder }
 { should make this return. }

(Signature) M. A. Hoek
 (Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 191_____

Address _____

385-1122-552
 COUNTY REGISTRAR.

Filed Nov 24 1914
Hoek 191_____

B. J. Fox
 LOCAL REGISTRAR.
 A True Copy
B. J. Fox
 COUNTY REGISTRAR.